



bulletin

**of the
mahoning
county
medical
society**

**Medicine is science in the making
Magendie**

november 1933

volume four number eleven

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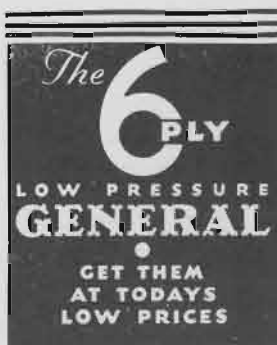
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THE PRESIDENT'S PAGE

For the past few years, Mahoning County has been using the county jail for housing mental cases of the type difficult to manage, pending disposition of the Probate Court, and awaiting commitment to the State hospital for the insane.

This is a makeshift arrangement which has been necessary, because there is no other place to handle these cases. It is a shameful situation which reminds one of the middle ages.

The quota for this county for mental patients is always exceeded at the state institutions which care for such cases. There are always several hundred more cases in the Massillon State Hospital than the quota allowed for this district. Others, who could be aided and perhaps brought back to health, are scattered about in other institutions and a great number are not hospitalized anywhere.

There is a solution to this deplorable situation, if the city and county administrations could be brought together and made to cooperate. Probate Judge Woodside has frequently talked on this problem and offered a simple solution. He proposes that the county furnish a small hospital, of approximately twenty or thirty beds, for a contagious ward for the city; that in return, the city turn over the present municipal hospital to the county to be used as a mental hospital.

At the request of Judge Woodside, Dr. Arthur G. Hyde, superintendent of the State hospital for the insane at Massillon, examined the municipal hospital. Dr. Hyde's opinion is that, with some minor alterations, it would be excellent for a psychopathic hospital and mental clinic.

At present the municipal hospital is practically useless and is not kept up in repair so that it is not habitable as a hospital.

There is no doubt that such a trade should be made. This could be done with a small expenditure of money and would provide adequate facilities for a humane handling of mental cases in this county and city.

J Paul Harvey

BIOGRAPHIES OF THE LIVING

Dr. Robert Dixon Gibson, the second subject of the series of biographies, was born on Oct. 15, 1855, in the old stone edifice, still standing at the corner of East Dewey & Homestead Avenues. At the age of six, he began attendance at the country school then located at South Ave. & Indianola Road, which building was still standing until rather recently. Later he attended Wood St. School, and Rayen High School from which he was graduated in 1875, one of the ninth class to emerge from that institution. Following graduation the next three years were spent teaching school at Bear's Den, Hazelton and Brier Hill.

In Sept. 1878, Dr. Gibson entered the Cleveland Medical College, pursuing two years of medical instruction. Graduation took place in 1880 and the following year was spent at Bellevue Medical College in post graduate work. Upon returning Youngstown in 1881, an office was opened at No. 3 W. Federal for the general practice of medicine. The Doctor relates, interestingly, the mode of transportation of the times: horse drawn vehicles when roads permitted, otherwise on horseback. Dr. Gibson was in general practice for 10 years. In 1885, Dr. Gibson was married to Miss Lydia Kelly. There were two daughters of this union, Mrs. Wm. A. Baldwin of Phoenix, Ariz., and Mrs. Wm. H. Duff of Pittsburgh.

Going to New York in 1890, Dr. Gibson spent six months in the study of his chosen specialty under Dr. Herman Knapp, and returned to

Youngstown to limit his work to diseases of the Eye, Ear, Nose and Throat. This the Doctor found very difficult to do, after ten years in general practice, as his old families kept coming in for advice on everything excepting the conditions limited to his specialty. However, practice grew apace, so that by 1902, it became necessary to increase his facilities, and Dr. Gibson then began the policy of bringing young, well-trained men to the community, totaling nine in number, most of whom today are still

here in practice. Youngstown is indeed indebted to Dr. Gibson, for his policy has given it a group of Eye, Ear, Nose and Throat men unsurpassed in any similar locality.

Dr. Gibson has supported organized medicine from the first year of his practice, always maintaining his membership in the County, State and National Societies. At one time he was president of the County Society and has acted as chairman of the Section on Ophthalmology of the State Association.

He was made a member of the Academy of Ophthalmology in 1908. Dr. Gibson retired in 1929, at the conclusion of forty-eight years of medical practice.

Retirement from active practice, however, has not abated Dr. Gibson's interest in matters medical, as attested by his frequent attendance at medical meetings, and social gatherings, as well as his attendance, this past summer, at the Karnosh course of lectures. It is extremely interesting, as it was my privilege to do, to sit for an hour



Dr. R. D. Gibson

and have the Doctor recall the various advances in the field of medicine. Appreciate, if you will, that Koch, but a few years previously, had just opened the field of bacteriology and that it was during the early years of Dr. Gibson's practice that the application of that knowledge to surgery was being made by Lister, stressing antiseptics and later, Pasteur's monumental work, leading on to the concept of asepsis. Then again the field of local anaesthetics was opened up from 1880 to 1890. The surgery of the time was that of necessity, very little being done for the relief of conditions that did not threaten life.

Dr. Gibson feels that apart from the fundamental work of Koch and Pasteur, the work done in the field of electricity has been most fruitful of results for medicine; especially the miniature electric lamp, by means of which light can be cast into such regions as the larynx-bronchi, bladder, etc. Then, too, electricity has given us the X-ray, and now is being expanded into the field of therapeutics further

in the production of hyperpyrexia. He also reminds you that we are indebted to electricity for the telephone at our elbow, the radio in our living room, the automobile at our door, and the airship droning overhead. Forecasting the future, Dr. Gibson believes that chemistry will bring about the next big advances in medical science.

As the result of an hour's conversation with this remarkable man one feels that his retirement is a retirement from attendance on the routine of medical practice only. He greets you in the library of his home with a firm hand clasp, a snappy look of the eye and a clear incisive tone of voice. He recalls and relates vividly the experiences of his seventy-eight years of life, and plans ahead for the comfort and enjoyment of the future. Plans are in the making for a formal garden on the grounds about his Wick Ave. home, and here, in the shady nooks and arbors, the Doctor will be pleased to meet his medical brethren.

H. E. Patrick, M. D.

Full sick and you will see who is your friend and who is not.

(Senegalese Proverb)

SECRETARY'S REPORT

At a Council meeting, September 30th, 1933, your treasurer and secretary were requested to go to Columbus, Ohio, to consult with the officials of the State Medical Society and the State Relief Committee. They were to determine, if possible, what procedure we were to follow in regard to the care of our indigent sick. The plan has been mailed to each member and the machinery for its functioning has been set up. It has not been put into operation because several points have not been made clear, however, we expect this to be done in the next few days by the State Medical Council and the State Relief Commission. We hope that the fees, as outlined to you, will be higher. Your committee has also met with the Relief Commission of this County and several City and County officials in order to get this

plan working. As suggested by the State Relief Commission, your president has appointed the following members as a Medical Advisory Committee to the County Relief Commissioner: Drs. Wm. M. Skipp, J. P. Harvey, J. B. Nelson, and W. K. Stewart. On October 7th, 1933, the report of the committee that was sent to Columbus was accepted by the Council. They also indorsed the plan as presented to them and asked that the members of the Society cooperate in every way possible in order to make this plan or any modification of this plan function in our County. The Medical Economics Committee and this office thank each and every member for the hearty cooperation in this matter, for it is and will be impossible for us to put this plan into operation without your support.

The regular monthly meeting of

the Society was held at the Youngstown Club, October 26th, 1933, in conjunction with the first meeting of the course on Hematology. There was a good attendance, about one hundred and twenty-five members and guests being present. Dr. Davidson, Dean of the Medical School of Duke University addressed the Society on "Intestinal Diseases in Childhood". This address presented such highlights as the following: There is a drop in the infant mortality from 30% to 3%, if the mother has proper prenatal care, and a drop in the infant mortality if the infant has proper medical supervision in its first year of life. There is a gradual drop of infant death rate in proper feeding of infants, such as, Lactic acid milk, which tends to kill bacteria of milk-borne diseases. Evaporated milk, which has ordinary molasses added to it to increase the carbohydrates, can be fed at the low cost of eleven cents a day. The molasses is added because it contains as much Iron and Calcium as eggs do. This type of milk can be handled safer, easier, and can always be readily obtained. The addition of Cod Liver Oil and tomato juice is absolutely necessary to the infants diet as this type of milk is devoid of vitamins. The intestinal diseases encountered in young children can best be treated by replacing the great water and chloride loss by the use of Hartman's Buffer Solution, at the same time

feeding the child Lactic acid milk prepared according to the plan adopted by the attending physician. The fluids to be administered in every way possible, such as, orally, subcutaneously, intravenously, intraperitoneally, or rectally. There are no drugs specified but castor oil. Calomel should not be used as it tends to increase the already great fluid and chloride loss.

Dr. Chas. Doan then presented his address bringing out the following points: the origin of different types of cells found in the blood stream; where the cells are formed and what numbers are found in different diseases; how they get into the blood stream; the suddenness of certain types of cells in the blood stream after an infecting organism attacks the body. He explained that at different times in the twenty-four hours and seasonally there is an increase or decrease in the blood cells. This does not have any relation to taking of food or infection. That daily there is an increase before noon and midafternoon.

Dr. Davidson's address was very well presented and was easily understood. We appreciate very much being able to have him address our Society and hope that we will have the opportunity of listening to him again in the future. Dr. Chas. Doan gave a very instructive lecture. We can look forward to an interesting course in the next six weeks.

Were it not for the fractures there would be no pottery. (Arabian Proverb) . . . And no orthopedists, adds S-Q-Laypius.

APPLICATIONS FOR MEMBERSHIP

The applications for membership in the Mahoning County Medical Society were read, and were turned over to the censors for indorsement:

Dr. L. C. Youngblood, 349 W. Earl Avenue.

Dr. A. J. Brandt, Dollar Bank Bldg.

The physician cannot drink medicine for the patient. (German Proverb)

RABIES A MYTH?

The earliest known literature on rabies is that of Aristotle in the fourth century B. C. Since then much has been written about it in various languages, yet in this twentieth century there are those who seem to doubt its very entity.

In a recent issue of the *Youngstown Vindicator*, there was printed a letter under the heading "Letters from the People" entitled "Rabies Scares". It was evidently written from New York on August 5, 1933, by one Sue M. Farrell, president of the Vivisection Investigation League. This letter of some length quotes several authorities in an attempt to belittle propaganda for proper care of dog bites and prophylactic treatment of persons exposed to rabies. Her quotations are not doubted in the least, but there are many great authorities who were evidently not consulted and who paint quite a different picture. It is with the desire for truthful preventive medicine that the following answer is given to the letter.

The first real point in the letter is that Rabies is so rarely seen that any fear of a dog bite is of the "humbug" variety. Rabies, to be sure, does play a small part in the mortality of men compared with Tuberculosis, Cancer, Heart Disease, Plague, Cholera and Yellow Fever, but the fact that it does exist, is practically 100% fatal once the disease begins, and can be easily eliminated from civilization demands serious consideration.

To quote a portion of the letter: "—in France, which is full of Pasteur Institutes, there are supposed to be annually thousands of cases with the infection of hydrophobia while in Great Britain, where there is no Pasteur Institute, the disease does not occur. Another curious thing is that in Constantinople, where dogs have for centuries run wild in the streets, there was so little hydrophobia that it was long denied that it existed there at all; but since a Pasteur Institute has been established cases have been quite frequent, according to the Pasteur people. This has been the experience of every country in which Pasteur Institutes have been established."

In the section of the letter quoted, Great Britain is listed as an example of perfect peace as far as rabies is concerned. It is true that Great Britain is free of rabies but it is also true that she has very strict laws for importation of dogs: they are quarantined for six months or are admitted only under police control. This law was set aside during the World War for a time and dogs were brought in by plane. Rabies reappeared in England during this time, namely in 1918. There is also a strict muzzling law for dogs in England. These two factors rather than the absence of a Pasteur Institute, are a more reasonable explanation of England's security from rabies.

Rabies is rare in Constantinople considering the city's dog population. This fact is explained by Remlinger when he demonstrated the great prevalence of the paralytic type of rabies rather than the excited or furious type. In the former, the dog cannot get to other animals to bite and so cannot spread the disease as easily as in the furious type. Pasteur Institutes cannot create these facts.

As to the frequency of rabies, it is interesting to note that in a recent review of the disease by The League of Nations there are listed 69,707 persons exposed to rabies in 1929, while a previous review of 1928 shows only 31,656 cases. This is not a great number of cases, but it demonstrates that the disease is increasing rather than decreasing. This increase in man and animals is shown in our own country by a report of The American Medical Association for the years 1931 and 1932, respectively. The number of proven cases of rabies in man in 1931 were 6, in animals 789. In 1932 the number rose to 16 in man and 1,323 in animals.

In New York City the statistics show an increase from 44 rabid dogs in 1920 to 76 in 1925, with the Poodle the most frequent offender.

These facts indicate that rabies is present today as it was in Aristotle's time and in the past few years is on the increase.

Man's "scare" of the dog-bite is really a "scare" of possible rabies. The "scare" is really justifiable, for

any statistics collected, irrespective of country, show that the dog leads the list for rabies. The dog constitutes 85% of all other animals infected. Cattle and cats are next in the list, but the percentage is only 5 to 10. It is proven that the virus enters the victim in the saliva of the infected animal, and since the dog is the most likely to bite of all other animals closely associated with man, the prevention of rabies is the prevention of biting. This, as shown in England, can be accomplished with strict muzzle laws and quarantine of infected animals.

Here it may be well to briefly discuss some of the clinical aspects of rabies. As to etiology, there is a virus which is a term including the causative agent, whether protozoan, vegetable, or bacterial, and the nervous tissue to which it is attached.

This virus is divided into two types:—The first is called the street virus. When this virus is obtained from an animal infected by a bite of another rabid animal, and injected subdurally into a rabbit, it causes the disease to appear at a variable time period of more than fourteen days. The second type is called the fixed virus. It is that virus resulting from the passing of street virus through a long series of rabbits until the virulence is so increased that it causes the disease after a fixed period of incubation. This incubation period is six to seven days. The incubation period in dogs is 10 to 30 days.

In man the incubation period varies a great deal. It may be from 10 days to one and one-half years. Most cases in man appear within three months. The incubation period is longer the older the person. It is shorter the more proximal the bite is in relation to the brain. The virus attaches itself to the nerve trunk and slowly travels up to the central nervous system. It exerts all of its influence on the nervous tissue.

Once the disease is established there are the two types; namely, the excited or furious type, and the paralytic type.

The excited type has three phases: first, the prodromata in which there is an anxious expression, a

melancholy depressed spirit, insomnia, and local numbness and tingling of the wounded area. This stage lasts 24 to 48 hours. The excited stage follows the prodromata and in it there are painful spasms of the organs of deglutition and respiration, which are induced by attempts to eat or especially to drink. All external stimuli such as noises, etc., are very apt to cause a reaction in the nervous system. This condition gives rise to maniacal excitement or convulsions occurring periodically. Finally, paralysis begins and the patient dies. This whole syndrome lasts three to four days.

In the paralytic type there is no excitement. There is high fever, general malaise, cramps, headache, vomiting, then localized pain in the wounded part, followed by heaviness and numbness of extremities, ataxia, weakness and then general paralysis and death. The syndrome lasts four to six days.

The diagnosis of rabies is only absolute when either Negri bodies are found in the brain or inoculation tests on animals are positive.

Negri called these bodies the "parasite of rabies" and classifies them with the Sporozoa. The bodies consist of a ground-work of protoplasm which contains "inner bodies". These latter are of two general types: (1) small, roundish, and highly refracting; (2) larger, less refracting, roundish, oval or irregular. They are present in unstained fresh tissue. The most common site for the presence of Negri bodies is the hippocampus major in one or both of the cerebral hemispheres.

The pathological diagnosis may be made in two ways: The smear method, by removing a small section of nervous tissue and crushing it between two glass slides. The resulting smear is fixed with Methyl Alcohol, and stained with fuchsin—Methylene Blue. The Negri bodies stain as red dots and are within the cells which stain blue. The paraffin method, which is simply sectioning imbedded paraffin specimens and staining. It requires 3 to 4 days while the smear can be done in an hour. If no Negri bod-



ies are found then inoculation tests should be done. Rabbits inoculated subdurally are ill in three weeks.

Negri Bodies are not always present early in the disease, therefore, animals which have bitten an individual should be observed until ill and not killed immediately. This shows the desirability of waiting until symptoms show in the animal, then examining the brain.

In one of the public health reports of Washington, D. C., a series of cases are listed in which it is proven that the finding of the Negri Bodies is diagnostic in 90% of cases, as proven by inoculation where smear method was used, and in 92% where section method was used.

Hence, every dog bite should be considered a possible case of rabies, and the wound should be cauterized with fuming nitric acid at once. The dog should then be reported to the Board of Health, which can keep the dog under observation for two weeks. In case symptoms of rabies develop in the dog, the brain should be sent to a competent laboratory where a diagnosis can be made. Pasteur or Pasteur Modified treatment of the victim should be instituted at once to prevent the onset of the disease.

This treatment is criticized in the letter mentioned because occasionally paralysis develops, which is ascribed to the treatment rather than to the disease. This paralysis disappears in from two weeks to three months, though in rare instances it is fatal.

The treatment is not perfect and no such claims are made for it, but when statistics are reviewed we find that it certainly has sufficient value to use in every case of diagnosed rabies exposure.

In the United States 20% of persons bitten by rabid animals who did not receive treatment died, while only 1.3% of treated patients died and of this number only .85% died more than fifteen days after institution of treatment. Since the treatment does not have its full effect until the fourteenth day, we can say that only .85% of the treated cases failed to receive immunity as compared with the 20% of untreated exposures. Doeberst of

Prussia found that 14.8% of untreated exposures died. Many other figures could be quoted to show the value of treatment.

It is admitted that there are "paralytic accidents" of anti-rabic treatment, but they are rare and in most cases lead to complete recovery in 2 weeks to 3 months. Of 107,712 persons treated, 76 had some form of treatment paralysis, 4 of these were fatal. In other words, .07% of all those treated suffered from this complication.

The letter further states that many of these had never been exposed to rabies. There are no statistics cited to prove this, and with the methods of diagnosis already listed, it seems improbable that many patients were treated without a positive diagnosis.

Of 180 persons treated at the Hygienic Laboratory there occurred one case of treatment paralysis, or .55%, in a man who had had meningitis in childhood. He recovered fully. Certain facts seem to predispose to this accident, namely alcoholism, syphilis, neurotic tendencies, chilling of the body, or previous nervous disease. On the other hand, there is a case report on record of a boy with chorea who was benefited by the treatment.

A. H. Stimson in Hygienic Laboratory Bulletin No. 65, gives the symptoms of this accident in detail and I feel it worth while to quote: "The symptoms usually appear from a week after the commencement of the treatment to shortly after its termination. There is usually insomnia, headache, and a feeling of numbness in one or more extremities, oftener the lower. Sometimes pain or itching at the site of the injection is complained of. The affected member becomes weak and finally paralyzed, and the paralysis extends in a day or two to other parts of the body. The patient becomes helpless. The rectum and bladder are frequently more or less paralyzed. Bulbar symptoms are not rare; there may be difficulty in swallowing, but there is no hydrophobia. The special senses are frequently affected, especially vision. The paralysis is flaccid, the reflexes being diminish-

ed or lost as a rule. The Babinski phenomenon is sometimes observed. The condition of the patient may become most alarming, but usually a rapid improvement takes place and health is regained in a few weeks."

There are several theories as to why this occurs. The most logical one is that it is an anaphylactic phenomenon from repeated injections of foreign nerve proteid.

Pasteur announced his treatment December 6, 1883, at the International Congress at Copenhagen, and the next year worked out details of the treatment. Since then it has been modified by various workers.

The principle of the treatment is to inoculate the victim with rabies virus so modified as to render it innocuous. This is accomplished by passing street virus through rabbits until a fixed degree of virulence is reached then the attenuation of the rabbit virus by desiccation. The spinal cords of the rabbits containing the fixed virus, are removed and dried in bottles containing sticks of caustic potash at 22 degrees C., in a dark room. A cord dried one day is a day cord; two days a two day cord, etc. up to 14 days. Emulsions of these cords are then injected subcutaneously into the victim according to a fixed schedule. Since Pasteur's time it has been found that the eight day cord is no more virulent than the 14 day cord, so the treatments begin with the eighth day cord and last 14 days.

One of the most notable modifications of Pasteur's method is that

of Hogyes, who emulsifies a fresh fixed virus cord in normal saline in proportion of 1 to 100. He then dilutes this to various dilutions, the highest being 1 to 10,000. These various dilutions are used according to schedule for 14 days. He claims that there are no paralytic accidents with this method, due to the minimum amount of nervous tissue present in dilute form, therefore less chance for anaphylaxis.

In conclusion we can say that rabies is a rare but increasing disease. It is absolutely preventable by strict laws of importation and muzzling of dogs, as shown in England. Every individual bitten by a dog should at once have the wound cauterized with fuming nitric acid and the dog be put under observation by the Board of Health for symptoms.

In the event of symptoms, the dog's brain should be examined at once and treatment of the victim begun. It is only fair to tell the individual that about .07% of those treated have transient paralysis while 20% of those untreated die, and let him choose whether he wants treatment or not. It is safe to say most people would choose the treatment. After more experimentation is done the day will undoubtedly come when there will be a treatment devoid of all dangers. Until then we can only use the tools at hand, but they should be used and the results obtained will speak for themselves.

John Noll, M. D.

What is the use of the doctor after the death of the patient.
(Spanish Proverb)

MEDICAL CLEANINGS

Dr. H. E. Blott was confined to the North Side Hospital. He had his tonsils removed. It seems to hit the young and old alike. We do not want the doctor to think that we feel he is old, for he is one of the youngest among us, although he has practiced more than forty years. Let us here wish him more years of active practice.

Dr. James L. Fisher had his tonsils removed the same week as Dr. Blott. He said "if I had any more tonsils they would have to stay in, for I would not have the nerve to have them out". We are sorry, "Jimmy", that you lost your nerve. The "Blotter" said it was not bad and that he did not mind it in the least. Maybe you can not take it any more, "Jimmy".

Dr. J. A. Sherbondy entertained the Ecclat Club here early in the month. From what we can gather it was a howling success. The papers presented by Drs. A. Elsaesser, R. R. Morrill, J. S. Lewis, Jr., W. H. Bunn and E. C. Goldcamp were some of the best that had ever been presented to this group.

The following members of our Society attended the American College of Surgeons meeting in Chicago the week of October 9th, 1933: Drs. J. B. Nelson, J. A. Sherbondy, John Buchanan, C. D. Hauser, Wm. Allsop, W. B. Turner, G. G. Nelson, Carl Allison, Sam Sedwitz, Dick Gross.

Dr. Earl King of Girard, Ohio, has moved his office to Canton, Ohio. We are sorry to hear of his moving, for he was always welcome at our meetings and still is.

The following members of our Society attended the American Roentgenology Society meeting in Chicago, October 2nd, 1933: Drs. E. C. Baker, John Heberding, J. A. Healy, O. D. Hudnut, and Saul J. Tamarkin.

The following members of our Society attended the Interstate Post Graduate Assembly at Cleveland, Ohio, October 16th, 1933: Drs. A. E. Brant, J. G. Brody, W. H. Bunn, C. R. Clark, L. G. Coe, E. W. Coe, L. S. Deitchman, Morris Deitchman, A. Elsaesser, O. D. Hudnut, W. L. Jones, P. M. Kaufman, M. J. Kocialek, M. P. Mahrer, H. E. McClenahan, H. C. Miller, F. F. Monroe, Dean Nesbit, D. Phillips, R. B. Poling, J. M. Ranz, A. M. Rosenblum, J. Rosenfeld, S. D. Sedwitz, W. M. Skipp, M. H. Speck, O. J. Walker, L. W. Weller, H. S. Zeve, J. B. Kramer, Dick Gross, J. P. Harvey, M. W. Neidus, G. G. Nelson, F. F. Piercy and C. W. Sears.

Dr. W. H. Bunn attended the meeting of the Central Society for Clinical Research at Chicago, October 26-27, 1933.

In the Ohio State Medical Journal, November, 1933, appears an article, by Dr. B. J. Dreiling of our society, on "Penetrating Wound of the Heart and Lung with Successful Surgical Removal of Foreign Body".

A physician is an angel when employed but a devil when one must pay him. (German Proverb)

SPEAKERS BUREAU

Lest we forget, this is the time of the year when this office is constantly in need of speakers. Since this bureau has been organized it has functioned well and our members are responding to its call without hesitation. We still need your cooperation which has been given so readily in the past.

The following members made addresses during the month:

Dr. Andrew Miglets, October 9th, 1933, addressed the Bennett P. T.

A. on "Prevention of Infective Diseases in Childhood".

Dr. A. E. Brant, October 9th, 1933, addressed the Quota Club on "History of Surgery".

Dr. Paul Harvey, October 17th, 1933, addressed the Italian Professional Club on "Warnings for Men Over Forty".

Dr. Claude B. Norris, October 24th, 1933, addressed the South Side Child Conservation League on "Skin Diseases".

The disobedience of the patient makes the physician seem cruel.

(English Proverb)

REGULAR MEETING

MAHONING COUNTY MEDICAL SOCIETY

Tuesday, November 28th, 8:15 P. M.

YOUNGSTOWN CLUB

SPEAKER: DR. ALAN BROWN

Associate Professor of Medicine, Toronto, Canada

SUBJECT TO BE ANNOUNCED

WATCH THE HOSPITAL BULLETIN BOARDS

ANNUAL BUSINESS MEETING
AND ELECTION OF OFFICERS

Tuesday, December 19th, 8:15 P. M.

YOUNGSTOWN CLUB

BUFFET LUNCH AND SOCIAL HOUR
TO FOLLOW BUSINESS SESSION

LET US HAVE A GOOD TURNOUT

HAEMATOLOGY LECTURES

EVERY FRIDAY, 8:15 P. M.

— at —

THE CENTRAL Y. M. C. A.

Cleveland Academy

Medical Library Auditorium—Friday, Nov. 17, 1933—8:15 P. M.

ANEMIA—Etiology and Treatment....**GEORGE R. MINOT, M. D.**
Boston, Mass.

Professor of Medicine at Harvard Medical School

Obstetrical and Gynecological Section

Herrick Room—Wednesday, November 22, 1933—8:15 p. m.

1. A Short History of Anaesthetics and Analgesics
(20 min.)J. J. Thomas, M. D.
2. A Survey of Analgesics Used in the Obstetrical
Departments of Maternity Hospital and City Hospital
(20 min.)A. E. Bennett, M. D.
(Discussion opened by J. L. Reycraft, M. D.)
3. The Use of Pento-Barbital in Obstetrics at St.
Ann's Hospital. (A preliminary report of 500 cases)
(20 min.) M. B. Laven, M. D., M. F. Yeip, M. D., and
A. W. Lakner, M. D.

(Discussion opened by J. R. Thompson, M. D.)

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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Published monthly at 243 Lincoln Ave., Youngstown, Ohio.
 Annual Subscription \$2.00

STATE MEDICINE — BANE OR BOON

The soul of the average medical man revolts at the mere mention of State Medicine. He has been nurtured for years on a diet of hatred for its principles. He has been taught by his chosen leaders to view the idea with abhorrence. Its mystic name has been breathed by nearly every proposer of some new scheme as a whip to frighten the rank and file into adoption of his theory. A dozen leaders could be quoted and the composite of their remarks would run like this: "If the medical profession doesn't do something and do it quick, we will have State Medicine." They scarcely consider it necessary to add "and you won't like it."

The exact meaning of the term is seldom explained. Tacitly it has become accepted to denote the practice of medicine administered under the direction of any body politic—city, county, state or nation. Regular payments are to be collected from those receiving the service and the funds paid out for physicians' and hospitals' services, medicines and administration costs. Sick benefits may be paid. Physicians will be on salary, based upon the number of families under each one's care. These are the general provisions with many modifications, according to the country in which the plan is in use.

As applied to our country, the plan has been mentioned only to be condemned almost universally.

Under its domination, medicine supposedly is to be shackled and bound, the proud and free physician to become a cringing hireling and his patients merely "cases" to be treated perfunctorily and the proper report filled out for the "higher-ups." Individual worth is to receive no reward and the desire to excel will atrophy. Under the blight of political manipulation the physician will be overworked and underpaid, no saving will be effected for the mass of the citizenry, malingering will be rife and the greedy fingers of graft will dip into the mess pot early and often.

A sorry picture—may it never come to be. But does it need to be so? Is it possible that there might be a seed of truth planted somewhere in the depths of this socialistic idea which under proper cultivation would bring forth a tree bearing good fruit? Pause and reflect. Do we not now practice State Medicine in Ohio to a considerable extent and with satisfaction? Does not the practice of Industrial Surgery under the Industrial Commission of Ohio form a large part of the work of many of us? There are a few who grumble about the Industrial Commission, but it is safe to say that its attitude toward the physician has been more than fair. Of those who claim that we are underpaid for such work it might be asked, would you rather return to the old way of handling

such injuries and depend on getting your pay from the injured patient? Your incomes from such work would probably show a marked decline. As for grumbling, just listen in on any group of two or more doctors and hear them complain about their troubles under our present free-and-easy plan of medical practice (free for the poor and easy for the dead beat).

There seem to be certain main objections to any plan of socialized medicine. In general they are: (1) That doctors will have their work supervised and will have to render reports to headquarters. (2) There will be no incentive for individual scientific improvement through study. (3) Research will be stifled. (4) Politics will enter into the management. (5) Free choice of physician will be denied. (6) Malingering, in order to obtain sick benefits, will be encouraged. (7) The close confidential relationship between doctor and patient will be destroyed.

Let us discuss and answer these objections seriatim: (1) A little supervision at times would be a good thing in the patient's interest and might be an incentive to the doctor toward (2) Improvement through study: The removal of financial worries would give the doctor new opportunities in this direction. (3) Research has not been stifled in such government controlled institutions as the United States Public Health Service or the department of the Surgeon General, as witnessed by their work on Pellagra and Yellow Fever. (4) Politics has not harmed the Industrial Commission, and it *can* be kept out. (5) Free choice of physician is not denied by the Industrial Commission nor by the panel system in England. (6) If malingering occurs, it will be the fault of the doctors themselves. (7) The confidential relationship between doctor and patient can never be destroyed by a mere change in administrative procedure.

Now let us see what benefits we can expect under State Medicine. In the first place, a large part of the public will be brought to recognize that it is necessary to lay

by a part of its income in order to pay for the ever imminent expense of sickness—a thing which is absolutely neglected at present. Then the doctor will be paid for his work—perhaps on a lower fee schedule. How often we hear doctors say that they could afford to charge much less if they could get paid for all their work!

It would be a stimulus to preventive medicine. If the wage earner's monthly small contribution to the sickness fund entitled his children to immunization against smallpox and diphtheria, and the rest of the family to periodic health examinations, these procedures would become much more common than they are now. Patients would come to the doctor sooner with their troubles, if there were no thoughts of the cost to deter them. We would see less dosing with castor oil until the appendix ruptures and less taking of patent medicines while the cavity forms in the apex.

The problem of adequate medical care for the low wage white collar class may be solved by State Medicine. And it is a problem how to obtain adequate laboratory work and specialist consultation for the frequent patient in this group who presents a difficult diagnosis. Not for him is the complete routine of x-ray, clinical laboratory and consultation that is lavished on the charity ward patient. That would mean sacrifice of all his savings and mortgaging the future. If adequate diagnostic and treatment facilities for this type of patient are provided by State Medicine, then it will be a great boon to countless sufferers, who now are being treated empirically, of necessity. We never hesitate to hospitalize or order roentgenograms of our industrial patients. The same should be true of the non-industrial.

Our thesis is this—that State Medicine *can* be operated to the great satisfaction of both patient and physician. When and if it comes, it will be up to us to see that it is done right. That is just another good argument for a strongly organized and actively interested medical society.

J. L. F.



MEDICINE IN PANAMA (concluded)

By F. F. MONROE, M. D.

Tropical Pneumonia

Lobar pneumonia in the tropics, in the white man, is not a common disease, but in negroes and mestizoes there were periods when it was very prevalent. The uniformity with which pneumonia attacked the newly arrived employees in camp during the construction of the canal was four times more frequent among negroes who had been in the service for less than three months than among the older workers. This also was found in the Rand Mines in South Africa by the Gorgas investigation.

The over-crowding in the housing of the newly recruited laborers, and the diet too rich in carbohydrates for men doing manual labor, was probably the cause of the pneumonia increase. When the rations questions were satisfactorily settled, the families of a part of the laborers brought over from the West Indies, commissaries for the sale of food at cost price set up sanitary dwellings established by both the government and private individuals, along the canal and in the terminal cities, the incidence of pneumonia rapidly decreased.

No particular relation of the occurrence of pneumonia to temperature or rainfall could be observed in Panama; the dry, dusty season was about equal to the rainy season.

Lobar pneumonia was found in about 18% of the 4800 autopsies in our laboratories from 1904 to 1916; at Ancon Hospital, in one series of 574 cases, the mortality was 37%; at St. Thomas Hospital, the native hospital of the Republic of Panama, where natives of the country, a mixed race, were treated, the death rate was above 45%.

The frequency of icterus in tropical pneumonia was noted in fully 25% of the negro cases. This may be attributed to the chronic malaria which most of them had. During the prevalence of pneumonia in nearly epidemic proportions in the early canal days, the pneumococci involved the lungs, the meninges

and the large joints. Pneumococcic septicaemia with a high mortality was frequently seen with little or no lung involvement.

Clark, of Panama, found that type IV pneumonia was twice as common as type I, and nearly three times as common as types II and III.

Influenza

Influenza, both before and after the World War, was seen in the white man, being generally associated with bronchitis, or bronchopneumonia, with a low mortality; but in the colored man, it was much more severe and carried a higher mortality. The influenza that was pandemic during the World War, in 1918, brought down our American soldiers by regiments, but little or no bronchitis or pneumonia followed. However, we received several transports of American soldiers who were infected with influenza in the military camps in the States. These developed pneumonia in transit to the Canal, which was largely fatal.

Syphilis

William Osler in his writings says that whether syphilis was known in Europe before 1493 is still a very much discussed question; he further states that Block, in his system of medicine, insists that there is no evidence of pre-Columbian syphilis in the Eastern hemisphere before the return of the Spanish sailors of Columbus from the West Indies and the Spanish Main, from whom it spread among the inhabitants of Barcelona, Spain, and then over Europe. There are other writers who contend for the antiquity of the disease in Asia and Europe, and its existence in Biblical times. The balance of evidence, according to the best syphilographers, is in favor of its American origin; hence the West Indies and the Spanish Main probably had this disease among the Indians antedating the time of Columbus. It has apparently lived up to its reputation, and in our time on the

Isthmus, syphilis was very prevalent and widespread. It was a great problem with the large number of civilians and soldiers, and the army of West Indian negroes, Spanish and Italian, imported for labor without the restraining influences of home.

The cutaneous manifestations of the disease, from the primary sore through the maculo-papular and pustular syphilides to the tertiary stage with its ulcerative and destructive lesions, were not uncommon; not a system was overlooked: the throat with ulcerative lesion, the eye with its iritis, retinitis, the joint with its arthritis, the central nervous system, the cerebro-spinal syphilis and paresis; the latter in the colored is quite uncommon, only one case being recalled, and that was a Martiniquian negro of questionable French blood. The chronic luetic under forty years of age, with the early arteriosclerotic changes, caused many unusual neurological conditions. The cerebral hemorrhage of thrombotic or embolic origin, or more commonly the small gummata of the cerebral vessels were the lesions found. Syphilitic aortitis, which was frequently limited to the thorax, usually beginning near the root of the vessel, with the extension of aortitis toward the aortic ring and valves, with serious symptoms, which led eventually to death. Aneurysm, of syphilitic origin, was frequently found both clinically and at the autopsy table. As most of our workmen visited the hospital two or three times a year for malaria and other conditions, we were able to keep a very good check of the patients suffering with syphilis. Salvarsen was used in the acute type, but it was not practical to treat all patients in this manner; the expense, the time in the hospital would not permit, mercury, iodides and bismuth being the routine. Upon discharge from the hospital, each of these cases was given a card showing the diagnosis, a Wassermann report, and treatment suggested which he presented to the district physician, where he continued to receive his medicine.

A very virulent type of soft chancre with a rapidly forming

adenitis is peculiar to the tropics. This caused so much disability and hospitalization, that a radical cauterization of both chancre and bubo, under general anaesthesia, was necessary, which shortened time in hospital and length of disability. Dark field examinations were made on suspicious cases, but not routinely, on account of the great number of these cases.

Uncinariasis

Uncinariasis, or better known as hookworm, is widely distributed throughout the world, but is much more prevalent in the tropical countries. The soil of rural sections, being infested with the infective larvae of this disease, coming in contact with any part of the body, the feet for example, is the method of entrance into the body. It is quickly picked up by the blood, thence through heart into lungs, eventually reaching the bronchi, carried upward by the outward flow of the mucus to the trachea and larynx, where it is coughed out, but a part is swallowed and passed into the stomach, and then to the duodenum, where is located the site of its blood sucking. The hookworm secretes a substance which retards the coagulation thus increasing the loss of blood. The symptoms of this disease are those of a mild to a severe anemia, the haemoglobin being as low as 15% in the severest cases. The patient has a sallow complexion, weakness, shortness of breath on exertion apathy and lack of energy and physical capacity. The diagnosis is made by the finding of the eggs of the hookworm in specimens of the stool examined microscopically.

The treatment: Three specific drugs are used, thymol, oil of chenopodium and carbon tetrachloride. There is a rapid recovery following the removal of the worms.

Typhoid Fever

Typhoid fever was never a very serious problem, after the proper water and sewage systems were established. Carriers were eliminated in those who handled food, by routine examinations of stools and urines. These same examinations

were made in all typhoid patients before discharge from the hospital. We had many typhoids brought in from steamships passing through the canal.

Dengue Fever

Dengue fever in small epidemics was seen in Panama at the height of the construction period. This disease is mosquito borne, in fact it is the same mosquito that carries yellow fever. The onset is sudden, with severe muscular pains, high temperature, the pulse correlated with the temperature, general glandular enlargement, leucopenia, temperature falling on the third day to normal, in some cases to be followed by a secondary rise of temperature and the appearance of a fine rash on the hands, wrist and forearm and ankle and legs. The mortality is practically nil.

Relapsing Fever

Relapsing fever is a disease caused by spirochetes of the genus *Treponema* which is transmitted to man by the louse and the tick. The febrile attack lasts several days, usually from two to seven days, followed by an afebrile period only to relapse again; the spirochete is found in the blood and can be demonstrated in both wet film or by the stained blood. One or two doses of salvarsen frequently clears the blood with no return of the symptoms.

Yaws

Yaws is a *treponema* disease, non venereal, having a cutaneous rash on the face, trunk, arms and legs. The rash consists of multiple granulomatous papules. There is general glandular enlargement and febrile reaction. The *treponema* can be demonstrated in scrapings made from the papules, either by the dark field or film, stained by the Giemsa method. The Wasserman is positive in Yaws and the treatment is the same as syphilis. One or two doses of neosalvarsen, however, will cure this disease, one of the most striking examples of specificity of a drug.

ville, Alabama. He came of a distinguished family; his father, General Josiah Gorgas, having been Chief Ordnance officer of the Confederate Army.

After being graduated from Bellevue Medical College in 1880, young Dr. Gorgas entered the Army Medical Corps, in which he was to make such a brilliant record. His first experience with yellow fever was on the Mexican border, where he became immune as a result of contracting the disease. Later he served with distinction in Cuba, after the Spanish American War. While there, he became associated with Walter Reed, James Carroll and Jesse Lazear, who solved the baffling mystery of four centuries, how to eradicate yellow fever. Gorgas later applied the conclusions reached in Cuba to the Panama Canal problem, and the Panama Canal itself stands as a monument to that epoch-making association.

The result of his sanitation work on the Panama Canal made him an international authority in his field. Sir William Osler, in 1913, in speaking of Gorgas' results in Panama, declared in an address in Edinburgh, "There is nothing to match it in human achievement."

In 1908 the American Medical Association put its seal of approval on his career by electing him president of that society.

About 1915 General Gorgas was summoned to South Africa for a survey of sanitary conditions in the Rand mines. After completing his work there, Gorgas assumed at Washington the duties of Surgeon General of the American Army. Following the war, he became associated with the International Health Board of the Rockefeller Institute and he and his party visited Ecuador, Peru, Columbia, Venezuela, Brazil, Mexico and several of the Central American countries in a survey of yellow fever problems.

On his final journey to South Africa, on behalf of his yellow fever work, he stopped in London, where honors were heaped upon him, not the least of these that of being knighted by King George, his title being Knight Commander of the Most Distinguished Order of St.

William Crawford Gorgas was born October 3, 1854 at Toulmin-

Michael and St. George. This was conferred upon him shortly before his death as he lay seriously ill in a London hospital. This great benefactor of humanity died on the third day of July, 1920.

Gorgas was a genius whose life and accomplishments, as they will be recorded in history, will compare with that of Lister. The actual significance of his achievements was not fully appreciated by his contemporaries.

With almost unerring judgment he selected able assistants to aid him, he commanded them not by autocratic methods, but by powers of persuasion and the example of his own industry. As a leader and administrator few have been his equal.

I had the privilege of being associated with General Gorgas on the Canal Zone and was able to observe, at close range, not only his sanitary work but also the great influence which he had on the large group of assistants working under his direction. From those in high authority to the humblest worker, there was a deep feeling of affection for him. His patience and unswerving devotion to his work was an inspiration to his associates. The world is richer because he lived and labored.

The Gorgas Memorial Institute of Tropical and Preventive Medicine, whose main laboratories are in Panama City, has been established as a fitting memorial to this great man.

THE LAND OF NOD

Twilight deepening to gloom;
 The song of the whip-poor-will;
 Pale thin edge of the rising moon
 A-peeping o'er the hill;
 Constant lapping of the waves,
 A lullaby to croon;
 Far from out the gathering dusk
 The cry of a distant loon;
 Deep aroma of the woods
 Like incense to a god;
 Wood-smoke blends, the camp-fire ends—
 This is the land of Nod.

Warren Deweese Coy, M. D.

REPORT OF COMMUNICABLE DISEASES, OCT., 1933

	Youngstown	County	Campbell	Struthers	Muni. Hosp.
Scarlet Fever	25	8	6		
Diphtheria	10				
Whooping Cough	20	10	17		
Chickenpox	5	22	3	3	
Polio Myelitis	4				1
Gonorrhea	2				
Tuberculosis	5	4			
Typhoid Fever	2				
Syphilis	9				10
Mumps				7	
Pneumonia			1	1	



FROM THE HEALTH COMMISSIONER

In connection with rabies, Dr. C. H. Beight, City Health Commissioner, wishes to call the physicians' attention to a recent opinion of the Attorney General of Ohio, which may be of value. His opinion states:

(1) the County Commissioners are bound to pay physicians for rendering Pasteur treatment to persons bitten or injured by an animal afflicted with rabies, even if these persons are financially able to pay for treatment, and, if the injured party has already paid the physician he shall be reimbursed by the County Commissioners.

(2) County Commissioners are bound to pay for these treatments even though the individual has been bitten or injured by his own dog or animal.

(3) County Commissioners cannot recover from the owner of a

rabid animal the amount disbursed for these treatments.

(4) An itemized account of the expenses incurred and the amount paid for medical and surgical attendance must be filed by the person bitten or injured, his parents or guardian if a minor, or the administrator or executor of a deceased person, and the County Commissioners are without authority to act upon a claim filed by any one other than such persons.

(5) There must be filed with the County Commissioners within four months after the injury by a rabid animal, an itemized account of the expense incurred by the person receiving such injury, verified both by his parent or guardian, if a minor, or the administrator or executor of a deceased person, and the attending physician.

S. Q. LAPIUS OBSERVES

How can one explain the great number of bald-headed physicians when one considers their hair-raising experiences?

Perhaps we will raise the standard of human intelligence when we give the thought to human breeding (per se) which we give to the breeding of pedigreed animals.

We cannot help wondering if the N. R. A. code as applied to the motion-picture industry specifies same limitation of the number of divorces allowed.

If a certain automobile magnate continues to "pass" in this New Deal, he may find out too late that General Johnson is holding a fistful of clubs.

Who are we to criticize the foibles of the female? At 25, we raise

a mustache in order to appear older; at 45 we shave it off to appear younger.

He who is well-beloved by many and as cordially hated by a few,—he, my boy, is successful.

Let the depression take of me what it will, if it but leave me my courage.

If it's any encouragement to the aviation industry, we noted that two passengers of the Graf Zeppelin met with no physical injury until they stopped off and took an auto ride.

From the way the several States have been voting, it appears that America will again be liquid very soon.

November 6,—aspirant for office;
Nov. 8,—aspirin for headache.

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FOR: Members of the Medical Society

PLACE: Bixler Baking Co., West Ave. & Marshall St.

TIME: 8:30 P. M.

DATE: Tuesday, December 12, 1933

Given by: FRANK CARR, Manager BIXLER BAKING CO.

(The Business Office knows, that when Frank Carr "kneads dough", the result is bread. We advise every one to mark his appointment book and calendar for this lesson in domestic science. We hope A. G. Henry, Cleveland S. M. A. man can come down for this symposium! Mark your calendar A. G. and bring your Caritol capsules with you. We may need A vitamin.)



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"J. Soc. Chem. Ind., 1923, 42, 135, 205. Adv.

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After a starvation period of twelve to twenty-four hours on boiled water or gelatin water (1-3 ounce of gelatin to one pint of boiled water), the infant should be given Protein S. M. A. (Acidulated) diluted four level tablespoons with nine ounces of water, and without any additional carbohydrate.

	1st D.	2nd D.	3rd D.
Severe cases	3 oz.	6 oz.	9 oz.
Medium cases	10 oz.	15 oz.	20 oz.
Mild cases	15 oz.	30 oz.	60 oz.

(*) Until the proper amount for their age and condition is reached, which is 200 c. c. per kilo of body weight per twenty-four hours, or three ounces per pound of body weight per twenty-four hours. However, the total twenty-four hour intake need not go above thirty, two to thirty-five ounces or 160 to 1050 c. c.

After 48 hours or when the stools become normal, ALERDEX (Protein-Free Maltose and Dextrans) should be added gradually, beginning with one ounce to the quart, and increasing until the infant is gaining steadily in weight. In certain cases, it may be necessary to increase the carbohydrate to a total of 12 to 15% (3 to 4 ounces of carbohydrate to the quart).

—Adv.

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Announcing CAPSULES OF SMACO CARITOL

IN response to demand by physicians, small Caritol capsules are now available in packages containing 25 and 50 each, identified as Smaco 500. Each capsule represents 5 drops of Caritol (0.3% carotene in oil). The liquid form, of course, is still available (Smaco 505).

Caritol capsules provide an easy way to measure doses and are especially recommended for individuals who object to drops.

FRUIT AND VEGETABLE FORM OF VITAMIN A - NO FISHY TASTE

Carotene is derived from fresh vegetables and thereby represents the form in which most vitamin A is consumed by the human body.

HELPS BUILD RESISTANCE

Caritol, by virtue of its vitamin A activity, promotes growth and, as indicated by experimental studies, may be an aid toward the establishment of resistance of the body to infections in general.

ALSO CAPSULES OF CARITOL WITH VITAMIN D

For patients who object to Cod Liver Oil, we offer capsules of Caritol with Vitamin D (Smaco 520). The vitamin D is prepared for therapeutic use by methods (Zucker process) developed at Columbia University. These small capsules are offered in boxes of 25. Each capsule is equivalent to 5 drops of the liquid form. Therefore, two capsules are equivalent to three teaspoons of good cod liver oil plus any advantages that may be attributed to Carotene itself.

Prescribe capsules of Caritol, plain, or with Vitamin D to help build resistance. *Easy doses, no fishy taste, no bad after-taste.*

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